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SOS

610 N. Silver St

Silver City, NM 88061

575-956-6131

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Medicaid ID: YIF915103969

Armendariz Barela, Eva

ID: 1000010729151

DOB: 6/19/1972

7/27/2023

6:43 PM

Case Management Note (SOS)

Presenting Problem:

Adjustment disorder.

Eva continues to experience anxiety.

Depressive symptoms continue.

Recent History:

Client has a history of chronic homelessness, substance abuse, anxiety, depression, PTSD, and impairment in the functional domains of independent living, working, and recreation.

Social Support Changes:

No changes in her family or social support network have occurred.

Intervention:

Prompted client to fulfill contractual obligations so that she may continue to stay overnight at the shelter.

Assessment:

Eva appears flat, minimally communicative, She exhibits speech that is normal in rate, volume, and articulation and is coherent and spontaneous. Language skills are intact. Mood cannot be assessed. There are signs of anxiety. There are no signs of hyperactive or attentional difficulties. Eva's behavior in the session was cooperative and attentive with no gross behavioral abnormalities.

Plan:

Continue prompting client to fulfill contractual obligations as needed and encourage client to participate in programming plans.

Diagnosis: Post-traumatic stress disorder, chronic, F43.12 (ICD-10) (Active)

Adjustment disorder with mixed anxiety and depressed mood, F43.23 (ICD-10) (Active)

History of Risk Factors:

*History of Abuse:

Physical abuse

*History of Alcohol or Substance Abuse

Current Risk Factors:

*Absent or Weak Support System:

*Experiencing Severe Anxiety or Panic

*Severe Financial Difficulty

*Feelings of Hopelessness, Worthlessness, or Guilt are Present

Affect Flat or Blunted

Service Location

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Audit Log

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7/30/23, 5:30 PM